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ABSTRACT

For a variety of reasons, including overemphasis on professional autonomy, many classroom teachers experience disillusionment and feelings of isolation. This paper explores teaching clinics as a way to break down barriers and foster dialogue among teachers. The Schenley High School Teacher Center in Pittsburgh, Pennsylvania, developed a teaching clinic where all district secondary teachers attend an eight-week professional redevelopment program. The clinic involves groups of six teachers who observe a teaching episode, collaboratively analyze observation data, and provide the focus teacher with feedback. The process is facilitated by two specially trained clinical resident teachers, a clinical coordinator, and four visiting teachers with effective teacher training. The program emphasizes peer interaction and has elicited favorable responses from participants. The recipe for program success includes: (1) adequate preparation (immersing instructional and administrative staff in discussions and inservice sessions on relevant topics), (2) organizing the ingredients (instructional leadership, an adopted instructional model, training, interaction opportunities, and competent facilitators), (3) mixing thoroughly (promoting teacher interaction, involving administrators, stimulating opportunities for peer observation and feedback and other activities), and (4) simmering gently (sustaining a caring, nurturing ambience). Attached is an outline of the three phases of a teaching clinic and 18 references. (MLH)

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A RECIPE FOR THE DEVELOPMENT OF AN EFFECTIVE TEACHING CLINIC

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A Recipe for the Development
of an Effective Teaching Clinic

For many years typical teachers have found themselves sentenced to "solitary confinement." They have traditionally departed from institutions of higher learning enthusiastic about the profession of teaching and eager to apply their skills. After the first couple of years in the classroom, many teachers slowly become disillusioned. A great deal of the theory that they learned in college doesn't work as perfectly as outlined in the textbooks. The student-teaching supervisor is no longer assisting in smoothing out the difficulties. There is no critic teacher collaboration to rely on for support. But more than that, the teacher begins to "read" certain unspoken rules about their teaching assignment. These rules begin to highlight the boundaries of the "solitary confinement."

Rule 1: Communication with other professionals, if any, should be limited to pleasantries, descriptions of problem students, descriptions of the relatives of problem students, complaints about the facilities, complaints about the administration and/or complaints about the coffee.

Rule 2: It is improper, bad manners and wrong to intrude on a colleagues turf.

Rule 3: To seek advice from peers about teaching is to admit that you are an incompetent, poorly trained novice.

Rule 4: Don't approach the administration for assistance in your teaching because your rating as a professional will suffer.

Rule 5: Live and let live; don't make waves and do not draw attention to the quality of your teaching.

Rule 6: To teach is to be alone!

This is the scenario described by Rosenholtz and Kyle (1984), as they identified the problem of teacher isolation in the classroom. Teaching, like no other profession, has operated under the premise that autonomy is an acceptable characteristic of the standard operating procedure. In the medical profession, certified colleagues continue to learn through on-going dialogue, as they work. "Rounds" are clear examples of the importance of this process. Professionals discuss the diagnosis, treatments and progress of their clients to maximize their knowledge and benefits for the patients. Without such professional dialogue, skills tend to plateau off and decline as described by Joyce and Showers (1982). Consequently, the teaching profession has to begin to explore strategies to break down the barriers that promote teacher isolation in the classroom.

One such exploration is under way in the Pittsburgh Public Schools. It is called the "teaching clinic." The "teaching clinic" was developed at the Schenley High School Teacher Center, where all secondary teachers from across the district attend an eight-week professional redevelopment program. The teaching clinic is a process by which a group of approximately six teachers (1) observe a teaching episode, (2) collaboratively analyze data on the teaching and (3) provide the focus teacher with feedback on the teaching. Among the teachers involved in this process are two specially trained "Clinical Resident Teachers (CRT's), a specially trained teacher clinic coordinator (Resource Clinical Resident Teacher - RCRT) and four Visiting Teachers, (VT's) who have received training in effective teaching. In concert with this effort, VT's are consistently teaching and receiving feedback from CRT's individually. This one to one dialogue compliments the skills and understandings nurtured in the teaching clinic. Group feedback, a product of the process, is a powerful force in removing the old rules limiting professional interaction and establishes a new rule promoting professional interaction. And that rule is: true professionals communicate and it's widely accepted that two heads are better than one.

By removing the stigma often associated with professional dialogue about teaching, a new standard of peer to peer interaction is being developed. During the past three years of the Schenley Teacher Center, the formative and summative

evaluation efforts have been great. Dr. Bill Bickel of the University of Pittsburgh, Learning Research and Development Center has closely monitored the teacher responses to the program. Undoubtedly, one of the most consistent positive responses by Visiting Teachers is that they stated that they valued most the opportunity for professional interaction with peers. And indeed, a large percentage of these teachers follow-through back at their home schools with additional peer observations and feedback. The clinic is one process that promotes collegial relationships and professional dialogue.

This type of professional development does not just happen. There are important supports for any successful professional development effort, as explained by Fielding and Schalock (1985), Joyce and Showers (1980) and others. In the example of the Pittsburgh teaching clinic, there are some clear reasons for the success of this process. In fact, it can be viewed as a simple recipe.

First, as in any recipe, <u>preparation</u> is important. Cooks commonly prepare surfaces and materials to increase the probability of success. In Pittsburgh the preparation involved the emersion of every teacher in the district in discussions about instruction in general and effective teaching in particular. Principals, supervisors, assistant principals and teachers across the district conducted inservices on topics ranging from designing lessons to motivating the underachiever. A wide array

of videotaped lessons, demonstration lessons at faculty meetings, half-day inservices, new instructional materials, panel discussions on the role of the teacher, committees on effective schools, all served as stimulants for discussions around instruction. This preparation continued for about a year prior to the opening of the Schenley Teacher Center. This priming of teachers in professional dialogue is one way to increase the probability of success in more in-depth interactions.

The next step is to organize the ingredients. Every chef knows the importance of having the right ingredients organized as you begin your activity. The following ingredients seem to be key to the Pittsburgh receipe:

1. Instructional Leadership
2. An Adopted Instructional Model
3. Training for All Participants
4. Opportunities for Interaction
5. Competent Interaction Leaders.

These ingredients each contribute a significant flavor and texture to the final product. Instructional leadership is a necessity for promoting general school growth, as well as the professional growth of a staff. Research by DeBevoise (1984), Edmonds (1979), McCurdy (1983), Mullikin (1982), Wyant (1980) and others have consistently highlighted the importance of instructional leadership in developing a community of

professionals. For this reason the Pittsburgh Public Schools has invested a great deal of money and time in the development of principals and support administrators as instructional leaders. Each of the 250 district administrators has participated in approximately 250 hours of intense training, focusing on instructional leadership over the past four years. It is essential for administrators to understand that effective instruction and professional growth can be successfully supported with increased peer interaction. Without administrative support, the most meaningful professional activities by teachers often disintegrate.

Another ingredient, an adopted instructional model, is also important. Without a common language or way of describing valued behaviors, communication may not be as clear. Having a standard for excellence, adopted by the district, facilitates understanding. The Pittsburgh Public Schools, as described by Davis (1983), researched diligently before adapting the Hunter (1976) strategies as the Pittsburgh Research-based Instructional Supervisory Model (PRISM). The common PRISM vocabulary enables teachers, regardless of level or content area, to be able to communicate from an established frame of reference. This commonality of language effectively supports professional dialogue in the clinic setting at Schenley, as well as other peer interactions across the district.

Training for all participants is the foundation of successful peer interaction and professional dialogue. Joyce and Showers (1980), Stallings (1981) and other notables in the field have consistently emphasized the importance of training in developing teachers to become self-actualizing as professionals. If dialogue around instruction is to become a reality, teachers need to be trained in the essentials of effective instruction, as well as how to share perceptions on it. The key to success in these basics is the coaching dimension of the training. Visiting Teachers at Schenley participate in approximately 30 hours of training in effective teaching. They also attend seminars and meetings, focusing on instructional issues. Then, they are coached intermittently for six weeks. This training compliments the clinic experience.

Opportunity for interaction is a key ingredient for nurturing professionalism. We can generally agree that teachers who have no opportunity to talk and share ideas, won't! At Schenley daily professional seminars, peer conferences, externships, common workspaces, committee work, scheduled common preparation times and clinics all provide visiting teachers with opportunities for professional interaction. Principals at the home schools are also supporting this effort with creative scheduling, collaborative teacher projects, instructional cabinets, peer observation activities and teacher seminars. Currently, the possibility of building common planning time into the secondary school day is being explored by a district-wide

committee on "professionalizing teaching." All in all, opportunities to meet and interact are critical to the promotion of the clinic and other forms of professional dialogue.

Another major ingredient for the development of a successful clinic and other professional interaction is competent leadership among teachers. Leadership from the teacher ranks is essential. In order for the clinic to fulfill the needs it is designed to address, Clinical Resident Teachers (CRT's) and Resource Clinical Resident Teachers (RCRT's) must be knowledgeable and highly skilled in many areas. Over the past three years this leadership cadre has received approximately 60 hours of training, over and above the initial basic training. The following is a summary of this advanced training:

1. Teaching Analysis Skill Development
2. Conferring Skills
3. Group Process
4. Group Management/Peer Group Feedback
5. Personality Styles
6. Problem Solving Approaches
7. Introspection/When Teachers Face Themselves
8. Adult Learning Theory
9. Effective Schools Research
10. Helping and Collegial Relationships
11. Effective Questioning Strategies
12. Eliciting and Receiving Feedback

13. Alternative Methods of Data Collection

14. Conflict Resolution/Adult Depression

15. Teacher Diagnostic Summary Review.

As a result of this training CRT's and RCRT's are not only able to collaboratively facilitate clinics, but also other types of professional interaction. This type of training is now being disseminated across the district for Instructional Chairpersons and other key teachers in the district. It's truly important to have a cadre of teachers who are competent in coordinating their own professional development. Many of these skills, as described by Champagne and Hogan (1981) are pivotal to instructional leadership. Everyone in the educational setting benefits from the growth of front line instructional leaders.

Together this organization of ingredients can combine to form a powerful force to alleviate the problem of teacher isolation. In fact, as you realize that you have these ingredients, it's now time to move on to the next step.

Having the proper ingredients for this recipe, we now <u>mix thoroughly</u>. First, promote varied interactions among teachers. Involve the administrators by having them participate in seminars and clinics. Give your teachers more and more control over their own professional development. Encourage teachers to survey their needs and work with them, as they develop programs. Provide them with opportunities for trial and error experiences. Stimulate

opportunities for peer observation and feedback. Search for creative strategies to carve time for professional dialogue. Explore your innovation/instructional model with teachers and administrators. As this mixing is taking place, things will begin to happen. Teachers will begin to collaborate more on projects. Teachers will begin to discuss teaching and not just problem kids. Teachers will also become comfortable with peer observation and feedback. Teachers will become actively involved in various forms of professional dialogue feedback. And now you are ready for the next step in the recipe.

The directions now say "warm gently and let simmer." Administrators, supervisors and others who are trying to nurture this type of professional growth should demonstrate a "caring." Personal talks with individual teachers exploring this new dimension in professionalism are important. Group feedback sessions to monitor the feelings of participants, as they experience the trials and tribulations of growth are essential. Support in many forms, as problems are encountered, reinforces that the pursuit of this level of professionalism is significant in the scheme of priorities. As this developmental process is being monitored, it should be realized that adjustments may be the key to the success or failure of the program. Flexibility, openness and an integrative leadership approach is the energy necessary in this "simmering" process.

If this recipe is followed, viola success! The success will hopefully be three-pronged. One aspect of success will be a foundation for exploring alternative strategies for professional dialogue. One of which might be the "teaching clinic." Another outcome should be a uniform format and common language for describing instruction. This model may be able to serve as your standard for excellence in teaching. And the final product will be a collaborative effort, equally involving teachers and administrators to improve the quality of life for professionals, as well as the quality of education for students.

PITTSBURGH PUBLIC SCHOOLS

PRISM

TEACHING CLINIC

Participants

1 Clinic leader (SDT or RCRT)

2 teams of teachers, each consisting of 1 clinical resident teacher plus 2 visiting teachers (may also include Principal, Director of Teacher Center or another Resident Teacher)

Phase 1: Teaching/Observation Session

- Demonstration Teacher teaches
- Observers (6-7) record verbatim data (Approximately 15 minutes)

Phase 2: Analysis Session

(Immediately follows Teaching Session)

- Demonstration teacher jots down analysis of own teaching.
- Observers meet with clinic leader to label, organize and analyze data according to PRISM model.
- Clinic leader facilitates the selection of conference objectives.

Phase 3: Conference Session

(Follows the analysis session, within a one-day period.)

- Clinic leader chairs group; initiates session; conducts the conference by facilitating peer feedback.
- Leader uses one of three types of conference styles.
- Demonstration teacher shares self-analysis.
- All observers share relevant data - may clarify, question -- using recorded data as basis for their contributions.
- Demonstration teacher summarizes conference, discusses its impact on his/her teaching.
- All group members participate in a wrap-up activity.

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